

1. Please provide your name, company, and e-mail address

Name: - Michael D. Hagen, MD

Company: - American Board of Family Medicine (ABFM), Inc.

Email Address: - hagen@theabfm.org

#### 1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. HbA1c < 7% b. Percentage of diabetics with a documented HbA1c less than 7%; denominator: all diabetics in practice; numerator: all diabetics with recorded HbA1c <7% within 12 months of visit. c. Used in the American Board of Family Medicine's Performance in Practice Module (PPM) on diabetes mellitus, in use since 2005 d. Unit of analysis: individual clinician e. laboratory results entered in web-based tool f. ABFM does not record improvement levels; quality improvement data are legally discoverable in Kentucky, so we provide access to data only to the individual Diplomates and don't have access for analysis.

#### 2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. diabetic screen for peripheral neuropathy b. Screen the feet for peripheral neuropathy using the Semmes-Weinstein standardized filament; numerator: number of diabetics who received screening within 12 months; denominator: all diabetics; exclusions: double amputees, patients on medication for neuropathy c. Used in the American Board of Family Medicine's Performance in Practice Module (PPM) on diabetes mellitus, in use since 2005 d. Unit of analysis: individual clinician e. data entered in to PPM using web-based tool, derived via chart abstract f. ABFM does not record improvement levels; quality improvement data are legally discoverable in Kentucky, so we provide access to data only to the individual Diplomates and don't have access for analysis.

#### 1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

None

## 2. Performance Measure #2.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

None

1. Please provide your name, company, and e-mail address

Name: - Jacqueline Gisch

Company: - Aurora Health Care

Email Address: - jackie.gisch@aurora.org

#### 1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. Decrease use of urinary indwelling catheters in patients 65 and older b. Percentage of patients age 65 and older with an indwelling urinary catheter as of Day 2 of admission c. Measure is hospital based. It has been in effect since January 2006 d. This is measured at the hospital level although data is available at the unit level for improvement work. e. Data sources are the electronic health records (EHR) for documentation of the catheter and removal as well as patient demographic information. A tracking report was developed using EHR data for all patients above age 65 on a variety of key indicators important to care of the elderly. Any nurse can run this report. The report is available by patient care unit for all patients currently admitted. This same data is then used on the back end for the hospital level measurement. f. Top performing site decreased catheter use as of 2nd day of admission by over 50%.

#### 2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

No Response

#### 1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. • Total Falls per 1,000 Patient Days • Injury Falls per 1,000 Patient Days b. Fall - A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient, and occurs on an eligible reporting nursing unit. All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Include assisted falls – when a staff member attempts to minimize the impact of the fall. Exclude falls by: • Visitors • Students • Staff members • Patients on units not eligible for reporting • Patients from eligible reporting unit, however patient was not on unit at time of the fall (e.g., patient falls in radiology department) Assisted Fall A fall in which any staff member (whether a nursing service employee or not) was with the patient and attempted to minimize the impact of the fall by easing the patient’s descent to the floor or in some manner attempting to break the patient’s fall. “Assisting” the patient back into a bed or chair after a fall is not an assisted fall. A fall that is reported to have been assisted by a family member or visitor also does not count as an assisted fall. c. This is a hospital based measure. We have measured this for over 6 years at some sites. d. This is a patient care unit based measure e. This measure requires data from the medical records system to create reports. It requires data from the risk management information system to gather detail data about the fall. It requires data from our general ledger system to determine the number of patient days. Clinical documentation was developed to assist in falls assessment and post-falls assessment. f. We continue to implement this measure using this methodology across additional sites as they attempt Magnet designation. However, during the 2009 calendar year, we decreased falls by 50%. This required a lot of process change.

## 2. Performance Measure #2.2

Please answer the following in the text box below:

a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

No Response

1. Please provide your name, company, and e-mail address

Name: - Douglas L. Wood, M.D.

Company: - Mayo Clinic

Email Address: - wood.douglas@mayo.edu

1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., electronic health records, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. Mammography for breast cancer screening. b. Per cent of women aged 50-65 with annual mammogram. c. Outpatient clinic since 2000 d. Unit of analysis is individual clinician, but rolled up to ambulatory practice (clinic location) d. EHR f. One year improvement was from 40% to 84% (intervention included use of health information technology to scan imaging results for mammogram within 12 months and provide automatic reminder to secretaries and physicians when mammogram was due).

2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. Tobacco use in diabetes patients b. Per cent of patients responding yes to question regarding current tobacco use. c. Outpatient setting since 2004 d. Unit of measure is individual clinician, rolled up to practice location e. EHR d. One year improvement unchanged.

1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. Tobacco use in diabetes patients b. Per cent of patients responding yes to question regarding current tobacco use. c. Outpatient setting since 2004 d. Unit of measure is individual clinician, rolled up to practice location e. EHR d. One year improvement unchanged.

## 2. Performance Measure #2.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

No Response

1. Please provide your name, company, and e-mail address

Name: - Walter Suarez

Company: - Kaiser Permanente

Email Address: - walter.g.suarez@kp.org

#### 1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

A. Title of the Measure: Breast cancer screening rate B. Description of the Measure in English including the numerator, denominator and any exclusions: Numerator: One or more mammograms during the measurement year or the year prior to the measurement year. Denominator: Women 42–69 years as of December 31 of the measurement year. Exclusions: Women who had a bilateral mastectomy C. In what care settings has the measure been used and for how long? Used in any Kaiser Permanente ambulatory care setting offering mammography screening services. Measure has been collected and reported for at least eight years. D. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) Formally measured and reported at the health plan level, although each geographic Region of Kaiser Permanente has the ability to measure and report internally sub-Regionally (corresponding to patient member service areas; these are typically large medical centers and the outlying medical office buildings which “feed” the medical center). E. Please list the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc). EHR (KP HealthConnect), imaging tests, procedural codes. F. Please indicate the magnitude of performance improvement during the 1 year following implementation Nearly six (6) percentage points in one year

#### 2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

A. Title of the Measure: Controlling high blood pressure (Southern California) B. Description of the Measure in English including the numerator, denominator and any exclusions: Numerator: The number of members in the denominator whose most recent

blood pressure (BP) is adequately controlled during the measurement year. For a member's BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). Denominator: patients 18–85 years as of December 31 of the measurement year patients with at least one outpatient encounter with a diagnosis of hypertension during the first six months of the measurement year. Exclusions: -- All members with evidence of end-stage renal disease (ESRD) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD. -- Exclude from the eligible population all members with a diagnosis of pregnancy) during the measurement year. -- Exclude from the eligible population all members who had an admission to a non-acute inpatient setting any time during the measurement year. C. In what care settings has the measure been used and for how long? Used in any Kaiser Permanente ambulatory care setting. Measure has been used for at least seven years. D. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) Formally measured and reported at the health plan level, although each geographic Region of Kaiser Permanente has the ability to measure and report internally sub-Regionally (corresponding to patient member service areas; these are typically large medical centers and the outlying medical office buildings which “feed” the medical center). E. Please list the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) EHR (KP HealthConnect). F. Please indicate the magnitude of performance improvement during the 1 year following implementation Nearly six (6) percentage points in one year

#### 1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

A. Title of the Measure: Colon cancer screening rate (Colorado) B. Description of the Measure in English including the numerator, denominator and any exclusions: Numerator: One or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria. -- Fecal occult blood test (FOBT) during the measurement year. Regardless of FOBT type, guaiac (gFOBT) or immunochemical (iFOBT), assume that the required number of samples was returned. -- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year -- Double contrast barium enema (DCBE) or air contrast barium enema during the measurement year or the four years prior to the measurement year -- Colonoscopy during the measurement year or the nine years prior to the measurement year Denominator: Men or women 51–80 years as of December 31 of the measurement year. Exclusions: Members with a diagnosis of colorectal cancer or total colectomy. C. In what care settings has the measure been used and for how long? Used in any Kaiser Permanente



ambulatory care setting, as well as FOBT's collected from the patient's home and mailed to a Kaiser Permanente clinical lab. Measure has been collected and reported for at least seven years. D. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term setting) Formally measured and reported at the health plan level, although each geographic Region of Kaiser Permanente has the ability to measure and report internally sub-Regionally (corresponding to patient member service areas; these are typically large medical centers and the outlying medical office buildings which "feed" the medical center). E. Please list the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc). EHR (KP HealthConnect), lab tests, diagnostic and procedural codes. F. Please indicate the magnitude of performance improvement during the 1 year following implementation? Nearly seven (7) percentage points in one year

## 2. Performance Measure #2.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

A. Title of the Measure: Breast and cervical cancer screening rates (Northern California)  
B. Description of the Measure in English including the numerator, denominator and any exclusions: Breast cancer screening: -- Numerator: One or more mammograms during the measurement year or the year prior to the measurement year. -- Denominator: Women 42–69 years as of December 31 of the measurement year. -- Exclusions: Women who had a bilateral mastectomy Cervical cancer screening: -- Numerator: One or more Pap tests during the measurement year or the two years prior to the measurement year. -- Denominator: Women 24–64 years as of December 31 of the measurement year. -- Exclusions: Exclusionary evidence in the medical record must include a note indicating a hysterectomy with no residual cervix. The hysterectomy must have occurred by December 31 of the measurement year. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix. Documentation of a "vaginal pap smear" in conjunction with documentation of "hysterectomy" meets exclusion criteria, but documentation of hysterectomy alone does not meet the criteria because it does not indicate that the cervix has been removed. C. In what care settings has the measure been used and for how long? Used in any Kaiser Permanente ambulatory care setting (cervical cancer screening), or any ambulatory setting offering mammography services (breast cancer screening). Measure has been used for at least seven years. D. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) Formally measured and reported at the health plan level, although each geographic Region of Kaiser Permanente has the ability to measure and report internally sub-Regionally (corresponding to patient member service areas; these are typically large medical centers and the outlying medical office buildings which "feed" the medical

center). E. Please list the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) EHR (KP HealthConnect), lab tests, imaging tests, hospital diagnostic and procedural codes. F. Please indicate the magnitude of performance improvement during the 1 year following implementation? About two (2) percentage points in one year

1. Please provide your name, company, and e-mail address

Name: - Jim Walker

Company: - Geisinger

Email Address: - jmwalker@geisinger.edu

Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Flu vaccination Denominator: Patients at high risk, e.g., over 65, CAD, CHF, COPD, Asthma, Diabetes Numerator: Vaccinations ordered and administered. Settings: Outpatient clinics; Flu vaccination clinics Units of Analysis: patient, patient populations (e.g., chronic obstructive pulmonary disease or COPD), clinic, health system, provider Data Sources: EHR Performance Improvement: The first year we automated an invitation direct to patients in high-risk populations, we documented a 15% increase in overall uptake (from a baseline that was above national benchmark).

2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Monitoring HbA1c and low-density lipoprotein (LDL) in patients with Diabetes Denominator: Patients with diabetes Numerator: HbA1c and LDL ordered; reported; under 8 and 100, respectively Settings: Outpatient clinics; Hospitals Units of Analysis: patient, health system, clinic, provider Data Sources: EHR Performance Improvement: From approximately 80% to 95% on ordering; approximately 70% to 85% reported; approximately 20% to 30% at target (higher for LDL, lower for HbA1c)

1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal

health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Hypertension Management Denominator: Patients with hypertension (HTN) on problem list, encounter problem list, or BP over 140/90 in EHR Numerator: Patients at target BP Settings: Outpatient clinics Units of Analysis: patient, patients with HTN (health system), clinic, provider Data Sources: EHR Performance Improvement: approximately 40% to 50%

## 2. Performance Measure #2.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Weight Management Denominator: Patients with hypertension on problem list, encounter problem list, or body mass index (BMI) over threshold in EHR Numerator: Patients counseled, patients attending nutrition consultation or group class, patients achieving target BMI Settings: Outpatient clinics Units of Analysis: patient, health system, clinic, provider Data Sources: EHR Performance Improvement: Approximately 40% to 80% for group classes or consultation, minimal for BMI improvement

1. Please provide your name, company, and e-mail address

Name: - Barbara McCann

Company: - Interim HealthCare

Email Address: - barbaramccann@interimhealthcare.com

1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a. Medication Compliance b. The proportion of patients admitted with a primary or secondary diagnosis (listed as 1st or 2nd) of heart failure, diabetes, COPD or coronary artery disease (CAD) who had improved in their ability to manage medications (right dose, right drug, right time) OR had a caregiver who could do from admission to home care to discharge. d. Numerator: The number who had improved as indicated by any one increase in score Denominator: The number of patients admitted with one or more diagnosis as primary or first two secondary diagnoses of heart failure, diabetes, COPD, or CAD. Exclusions: Any patient rated as independent in managing diagnosis upon admission. c. Care setting: home health care - since 2008 d. Not sure of your meaning, the data is abstracted from an individual patient's record. The rater is an RN or physical therapist all receiving the same training. The assessment is made in the patient's place of residence, the primary caregiver is assessed in the event that the patient is not competent or otherwise unable to manage e. EHR f. 25%

2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

No Response

1. Performance Measure #2.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal

health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

a) the rate of hospitalization as described in previous questions.

## 2. Performance Measure #2.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

No Response

1. Please provide your name, company, and e-mail address

Name: - Huiling Zhang

Company: - Tenet Healthcare Corp

Email Address: - huiling.zhang@tenethealth.com

#### 1. Performance Measure #1.1

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Title of Measures: SCIP-Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time Description of Measures (including numerator, denominator, and exclusions): "Description: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time, 48 hours for cardiac surgeries. Numerator Statement: Number of surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time (48 hours for coronary artery bypass graft or Other Cardiac Surgery) Denominator Statement: All selected surgical patients with no evidence of prior infection. Exclusion: Patients procedure was performed entirely by Laparoscope; Patients enrolled in clinical trials; Patients principal procedure occurred prior to the date of admission; Patients with documented infection prior to surgical procedure of interest; Patients who expired perioperatively; Patients who had other procedures requiring general or spinal anesthesia that occurred within three days (four days for coronary artery bypass graft or Other Cardiac Surgery) prior to or after the procedure of interest during this hospital stay; Patients received antibiotics more than 24 hours prior to surgery or within 24 hours prior to arrival; Patients who did not receive any antibiotics during this hospitalization; Patients with Reasons to Extend Antibiotics." In what care setting has the measures been used and for how long: Acute care hospital setting, for 4 years What is the units of analysis for this measure (e.g. individual clinician, group, ambulatory practice, hospital, long-term care setting): Hospital, Physician List of the electronic data source required (e.g., EHR, personal health records, Laboratory results, imaging results, pharmacy, etc): EHR, pharmacy Estimate the magnitude of performance improvement 1 year following implementation: 10%

#### 2. Performance Measure #1.2

Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Title of Measures: SCIP-Inf-9 Postoperative Urinary Catheter Removal on Post-op day (POD) 1 or 2 Description of Measures (including numerator, denominator, and exclusions): "Description: Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero. Numerator Statement: Number of surgical patients whose urinary catheter is removed on POD 1 or POD 2 Denominator Statement: All selected surgical patients with a catheter in place postoperatively. Exclusion: Patients with pre-op infectious diseases; Patients procedure was performed entirely by Laparoscope; Patients enrolled in clinical trials; Patients who had a urological, gynecological or perineal procedure performed; Patients procedure occurred prior to the date of admission; Patients had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for coronary artery bypass graft or Other Cardiac Surgery) prior to or after the procedure of interest during this hospital stay; Patients with documented infection prior to surgical procedure of interest; Patients who expired perioperatively; Patients whose length of stay was less than two days postoperatively; Patients who had a suprapubic catheter or had intermittent catheterization preoperatively; Patients who did not have a catheter in place postoperatively; Patients with reasons for not removing the urinary catheter postoperatively." In what care setting has the measures been used and for how long : Acute care hospital setting: for 1 year What is the units of analysis for this measure (e.g. individual clinician, group, ambulatory practice, hospital, long-term care setting): Hospital, Physician List of the electronic data source required (e.g., EHR, personal health records, Laboratory results, imaging results, pharmacy, etc): EHR Estimate the magnitude of performance improvement 1 year following implementation: 10%

1. Performance Measure #2.1 Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Title of Measures: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Scores Description of Measures (including numerator, denominator, and exclusions): Hospital Consumer Assessment of Healthcare Providers and Systems, a post discharge patient survey system intended to provide a standardized instrument and data collection methodology for measuring patients' perspectives on hospital care. In what care setting has the measures been used and for how long: Acute care hospital setting, for 3 years What is the units of analysis for this measure (e.g. individual clinician, group, ambulatory practice, hospital, long-term care setting): Hospital Comments: EHR will not have sufficient information to provide the needed info to calculate these CMS measures, thus they would not be good candidates for meaningful use considerations.

2. Performance Measure #2.2



Please answer the following in the text box below: a. Title of the Measure: b. Description of the Measure in English including the numerator, denominator and any exclusions: c. In what care settings has the measure been used and for how long? d. What is the unit(s) of analysis for this measure? (e.g., individual clinician, group, ambulatory practice, hospital, long-term care setting) e. List the electronic data sources required (e.g., EHR, personal health records, laboratory results, imaging results, pharmacy, etc) f. Estimate the magnitude of performance improvement during the 1 year following implementation

Title of Measures: Nursing staffing ratio Description of Measures (including numerator, denominator, and exclusions): Nursing skill mix (% of hours worked by registered nurse (RN), licensed practical nurse (LPN), licensed vocational nurse (LVN), UAP, contract agency); hours per patient day worked by RN, LPN and UAP; practice environment scale-nursing work index In what care setting has the measures been used and for how long : Acute care hospital setting What is the units of analysis for this measure (e.g. individual clinician, group, ambulatory practice, hospital, long-term care setting): Hospital Comments: EHR will not have sufficient informatin to provide the needed info to calculate these CMS measures, thus they would not be good candidates for meaningful use considerations.